

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107088193	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2		1				52			
3		8				53			
4		8				54			
5		8				55			
6		8				56			
7		8				57			
8		8				58			
9	1					59			
10	1					60			
11	2					61			
12	2					62			
13	2					63			
14						64			
15						65			
16						66			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2		2			TOTAL IND.			
TOTAL DEP.	13	→	11	→		TOTAL DEP.			
TOTAL CLAIMS	15		13			TOTAL CLAIMS			